

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>GUARDIAN FOR ALLEGED</b> <b>DEVELOPMENTALLY DISABLED INDIVIDUAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, an individual with an alleged developmental disability

1. I, \_\_\_\_\_, am interested in this matter and make this petition as  
 Name (type or print)

State interest/relationship \_\_\_\_\_

2. His/her presumptive heirs are as follows: (Attach additional page if needed.)

NAME	AGE	RELATIONSHIP	ADDRESS

3. The reasons why the court should take action are: \_\_\_\_\_

**I REQUEST** that the court:

☐ 4. Terminate  
☐ a. ☐ all ☐ part of the plenary guardian of the ☐ individual. ☐ estate.  
☐ b. ☐ all ☐ part of the partial guardian of the ☐ individual. ☐ estate.

☐ 5. Accept the resignation of the  
☐ a. plenary guardian of the ☐ individual. ☐ estate.  
☐ b. partial guardian of the ☐ individual. ☐ estate.  
☐ c. standby guardian.

☐ 6. Remove the  
☐ a. plenary guardian of the ☐ individual ☐ estate,  
☐ b. partial guardian of the ☐ individual ☐ estate,  
☐ c. standby guardian,  
 who ☐ has ☐ has not been suspended.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

☐ 7. Appoint \_\_\_\_\_  
Name Address  
City State Zip Telephone no.  
as successor ☐ plenary guardian ☐ partial guardian of the ☐ individual. ☐ estate.

☐ 8. Appoint \_\_\_\_\_  
Name Address  
City State Zip Telephone no.  
as standby guardian of the ☐ individual. ☐ estate.

☐ 9. Modify the powers of the ☐ plenary guardian ☐ partial guardian of the ☐ individual ☐ estate as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Attorney signature	_____ Date
_____ Name (type or print)	_____ Petitioner signature
_____ Address	_____ Name (type or print)
_____ City, state, zip	_____ Address
_____ Telephone no.	_____ City, state, zip
	_____ Telephone no.